PHONE: 844-806-8217 Opt 3 FAX: 844-873-3163

PRIOR AUTHORIZATION REQUEST
NON-EMERGENT AMBULANCE TRANSPORT ONLY

*****Form must filled out completely and clinical information attached*****

☐ Select this box if the member is new to HTA and these services were previously authorized by another health plan.

Submitted by: (select one) ❑ IP Facility	Today's Date: / /
Person to contact for this Submission:	Phone:

Patient's Name:	**DOB:**	**Member ID**:

Requesting Provider Section: (i.e. Provider name not location or facility)	**Servicing Provider Section:** (i.e. Facility or Provider Name, May be the same as Requesting Provider)
Requesting Provider Name:	Servicing Provider Name: Check here if same as Requesting ☐
	Servicing Facility:
NPI:	NPI:
Tax ID:	Tax ID:
Address:	Address:
Fax:	Fax:
Phone:	Phone:

Check one and complete the date of service.

.	Proposed Date of Service:	Proposed= Services that have not yet been provided.
.	Retro Date of Service:	Retro= Services that have already been provided/started. Retro requests must be submitted within 30 days from the date of service.

ICD-10 Code	Diagnosis	ICD-10 Code	Diagnosis
1.		3.	
2.		4.	

Select all that apply	CPT Code	Description	Units/Quantity
X	A0425	GROUND MILEAGE, PER STATUTE MILE **This has been completed for you. Please select one of the codes below.**	1
	A0426	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1 (ALS 1)	
	A0428	AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT, (BLS)	

This request will be processed per the standard organization determination timeframes. If this request needs to be treated as "expedited", please note clinical justification why applying the standard timeframe for a determination could seriously **jeopardize the member's life, health or ability to regain maximum function:**

Medical Necessity

Please document the medical necessity here:

LCD Ambulance Services (L34549)

B. Non-Emergency (Scheduled) AMBULANCE Service (Ground):

Three criteria determine whether a beneficiary has Medicare coverage for non-emergency (scheduled) **AMBULANCE** services:
* Only when transportation by any other means of transportation is contraindicated by the medical condition of the beneficiary;
* Only to specific destinations; and
* Only when certified as medically necessary by a physician directly responsible for the beneficiary's care

NOTE: All three of the above criteria must be met.

Medical Reasonableness:

AMBULANCE transport in non-emergency situations must meet medical necessity guidelines.

1. Medical reasonableness is established for non-emergency **AMBULANCE** services when the beneficiary's condition is such that the use of any other method of transportation (e.g. taxi, private car, wheelchair van, or other type of vehicle) is contraindicated.

NOTE: Bed confinement does not include a beneficiary who is restricted to bed rest on a physician's instructions due to a short-term illness. Bed confinement, by itself, is neither sufficient nor is it necessary to determine the coverage for Medicare **AMBULANCE** benefits. It is simply one element of the beneficiary's condition that may be taken into account in the A/B MAC determination of whether means of transport other than an **AMBULANCE** were contraindicated. Examples of situations in which beneficiaries are bed-confined and cannot be moved by wheelchair, but must be moved by stretcher include:

a. Contractures creating non-ambulatory status and the beneficiary cannotsit

b. Severe generalized weakness

c. Severe vertigo causing inability to remain upright

d. Immobility of lower extremities (beneficiary is in a spica cast, fixed hip joints, or lower extremity paralysis) and unable to be moved by wheelchair.

2. If some means of transportation other than an **AMBULANCE** (e.g. private car, wheelchair van, etc.) could be utilized without endangering the individual's health, whether or not such other transportation is actually available, no payment may be made for **AMBULANCE** service.

3. If transportation is for the purpose of receiving an excluded service (e.g. a routine dental examination) then the transportation is also excluded even if the beneficiary could only have gone by **AMBULANCE**.

4. If transportation is for the purpose of receiving a service that could have been safely and effectively provided at the point of origin, then the transport is not covered even if the beneficiary could only have gone by **AMBULANCE**. Examples include (a) A transport from a residence to a hospital for a service that can be performed more economically in the beneficiary's home, and (b) A transport of a SNF beneficiary to a hospital or to another SNF for a service that can be performed more economically in the firstSNF.

5. **AMBULANCE** transportation for services excluded from SNF consolidated billing must meet the criteria as reasonable and necessary (i.e. other means contraindicated).